



State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

m/37/081

Michael O. Leavitt
Governor
Lowell P. Braxton
Division Director

1594 West North Temple, Suite 1210
PO Box 145801
Salt Lake City, Utah 84114-5801
801-538-5340
801-359-3940 (Fax)
801-538-7223 (TDD)

FACSIMILE COVER SHEET

DATE: Aug. 16, 2001

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3

TO: Don Johnson, Branch Manager
Zions Bank

FAX NUMBER: 1-435-678-3242

FROM: Joelle

Minerals Reclamation and Development Program

PHONE: (801) 538-5291

FAX: (801) 359-3940

SUBJECT: Signature Card - Halliday Const. Co.
Line Ridge Mine - m/037/08

REMARKS: Here is a sample of a signature card
we got from Wells Fargo Bank

Should you encounter any problems with this copy, or do not receive all the pages, please call

Important: This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return this original message to us at the above address via regular postal service. Thank you.

TRANSACTION REPORT

P. 01

AUG-16-2001 THU 04:35 PM

FOR: OIL, GAS & MINING

801 359 3940

| DATE | START | RECEIVER | TX TIME | PAGES | TYPE | NOTE | M# | DP |
|--------|-------|----------------|---------|-------|------|------|-----|----|
| AUG-16 | 04:34 | PM 14356783242 | 57" | 3 | SEND | OK | 908 | |

TOTAL : 57S PAGES: 3



State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210
PO Box 145801
Salt Lake City, Utah 84114-5801
801-538-5340
801-359-3940 (Fax)
801-538-7223 (TDD)

Michael O. Leavitt
Governor
Lowell P. Braxton
Division Director

FACSIMILE COVER SHEET

DATE: Aug. 16, 2001

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 3

TO:

Don Johnson, Branch Manager
Zions Bank

FAX NUMBER: 1-435-678-3242

FROM:

Joelle
Minerals Reclamation and Development Program



Time Account Signature Card/W-9

Request for Taxpayer Identification Number and Certification (Substitute Form W-9)

Certification: Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct Taxpayer Identification Number, and
- 2) UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payments other than interest and dividends).

- ☐ I am subject to backup withholding
☐ I am exempt from backup withholding

Depositor(s) name and address

JERRY HOLLIDAY CONSTRUCTION INC FBO UT STATE DIV OF OIL GAS & MINING
LIME RIDGE MINE PERMIT M/037/081
PO BOX 502
BLANDING UT 84511 0502

Signature

X

Account number

Taxpayer's ...

- ☐ Temporary signature card
☐ Need certification

Signature:

I have received a copy of the Bank's Time Account Receipt/Disclosure, applicable account agreement, and applicable fee and information schedule and agree to be bound by them.

Signature(s)

X

Lowell P Braxton

X

X

Lowell P Braxton, Director
of Ut. Div of Oil Gas & Mining

X

Date

W 74W50 (11-00-37438-J) PH

8. This Certificate is in effect () date indicated below and shall remain in effect until the () receives the Customer's written notice of its revocation and () a reasonable opportunity to act on such notice.

9. If the Customer is a tribal government or tribal government agency, the Customer waives Sovereign Immunity with respect to all matters directly or indirectly referred to in this Certificate, and submits to the jurisdiction of, and the Bank may bring any legal proceeding directly or indirectly relating to a matter referred to this Certificate, in a state or federal court.

DATE: 7-27-01

Certified/Agreed to by:

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Imprint Seal (if any)

AUTHORIZED SIGNERS - Check the appropriate box and then complete the designated Signature Capture section(s). If neither box is checked and one of the Signature Capture sections is left blank the Bank will be authorized to treat the sections as having been completed identically.

☐ Complete "Deposits and Related Services Only" section.

☐ Complete both of the following sections but if either section is blank and the other is completed, the Bank will be authorized to treat the sections as having been completed identically.

If the customer is a sole proprietor, any Authorized Signer named below shall hereby be appointed as the Customer's attorney-in-fact for the purpose of exercising the powers granted by this Certificate, and this power of attorney shall continue to be effective if the Customer becomes disabled or incompetent and until the Bank receives actual notice of this Certificate's termination.

SIGNATURE CAPTURE - Deposits and Related Services Only
Authorized Signers (Only one signer is required)

Name

Title (if any)

Specimen Signature

Lowell P Braxton Director of UT Lowell P Braxton
Div of Oil, Gas, & Mining

SIGNATURE CAPTURE - Credit and Related Services Only

Authorized Signers

Number of signers required (If left blank, only one signer is needed) _____

Name

Title (if any)

Specimen Signature

